NO.968

JUN 17 2002

FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

OMBAPE	ROVAL
OMB-Number.	3235-0076
Expires:	May 31, 2002
Estimated avera	ge burden
hours per respon	
unita her teaho	1445

02039145	SECTION 4(6), AND/OR		DATE OF A	<u> </u>
	UNIFORM LIMITED OFFERING EX	XEMPTION	DATE RECI	EIACH
Name of Offering   check   Zenith Partners	f this is an amendment and name has changed, and in	dicate change.)	8697	298
Filing Under (Check box(es) that a	pply): Rule 504 Rule 505 Rule 50	6 Section 4(6)	ULOE	<u></u>
Type of Filing: New Filing	•		_	
	A. BASIC IDENTIFICATION DAT	A		
1. Enter the information requests				
Name of Issuer (  check if the Zenith Pariners	is is an amendment and name has changed, and indic	cate change.)		
Address of Executive Offices c/o Zenith Advisors LLC, 180	(Number and Street, City, State. Zip Code) 1 Century Pk. E, St. 460, Los Angeles, CA 9006		(Including Area C	Code)
Address of Principal Business Of (if different from Executive Office	perations (Number and Street, City, State, Zip Code)	Telephone Number	(including Area (	Code)
Brief Description of Business				
Investment vehicle organized	as a Cayman Islands unit trust.			
Type of Business Organization	☐ limited partnership, already formed	M ather (along good	a. Cavman	Islands
business trust	Imited partnership, to be formed	🗷 other (please spec	1133	Trust
Actual or Estimated Date of Inco	Month Year Orporation or Organization: 0 5 0 2	Actual Es	rimated ;-	PROCESSE
Jurisdiction of Incorporation or C	Organization: (Enter two-letter U.S. Postal Service at CN for Canada; FN for other foreign j	obreviation for State: urisdiction)	FN.	JUL 1 7 2002
GENERAL INSTRUCTIONS				THORICON

Federal:

FINANCIAL File: All issuers making on offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seg, or 15 U.S.C. 77d(6). er seq, or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Filth Street. N.W.. Washington, D.C. 20549.

Copies Required. Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offermg, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be riled with the SEC.

Filing Fee: There is no federal riling fcc.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must rile a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION . Fallure to file notice in the appropriate states will result in a loss of the federal exemption. Conversely, fallure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

06/17/2002

		A BASIC IDENT	FICATION DATA		
2. Enter the information	requested for the		FICATION DATA	-	
	•		within the past five yea	rs;	
Each beneficial owner     securities of the issue		ver to vote or dispose, a	r direct the vote or dispo	sition of, 10%	or more of a class of equity
· Each executive office	er and director of	corporate issuers and of	corporate general and m	anaging partner	rs of parmership issuers; and
• Each general and ma	inaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
Zenith Advisors LLC					
Business or Residence Add			p Code)		
1801 Century Park East,	Suite 460, Los A	Angeles, CA 90067			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Parmer
Full Name (Last name first,	, if individual)				
Business or Residence Ad	dress (Number a	rd Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				·
Business or Residence Add	dress (Number an	d Street, City, State, Zip	Cade)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)		T		
Business or Residence Add	dress (Number an	d Street, City, State, Zij	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	[[individual]				- Hallageng V - Halla
Business or Residence Add	dress (Number an	d Street, City, State, Zij	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		□ D:	Constant of the
Check Box(es) that Apply:		D Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	, if individue))				
Business or Residence Add	dress (Number an	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first.	if individual)				
Business or Residence Add	tress (Number an	d Street, City. State, Zip	Cade)		
	Alse blank cheet	of conv and use addition	nal conies of this sheet		

NO.968

				B. N	FORMAT	TION ABO	OUT OFFE	RING					
,	.L. I.		eb - 3						O			Yes	
I. Has	the issuer	sold, or de			ta sell, to n								
9 11/6-	ne da eba == º	.i			in Append							ا, 1ء	200
<b>*</b> 5	ubject	to di	ecretic	n of I	nvestm	ent Mai	nager (	but no	t less	than	\$50,00	O Yes	No
			•	-	single uni								
sion to be list t	or similar i listed is a he name o	emuneration of pasociate the broke	on for solic ed person c er or dealer	itation of p or agent of . If more u	who has be urchasers in a broker or han five (S) for that be	n connectio dealer reg persone to	on with sale gistered with o be listed t	s of securit th the SEC are associa	ies in the c and/or wi	ffering. If th a state	o person or states,		
Full Nem	e (Lest ner	ne first, if	individual)						_				
Busineas	or Residen	ce Address	(Number	and Street	City, State	. Zip Code	:)		-			<u> </u>	
Name of	Associated	Broker o	T Dealer		·						<del></del>		
States in	Which Per	son Listed	Has Solic	ited or Into	ends to Sol	icit Purchs	ISCT6						
(Check	aiste liA";	s" or chec	k individua	States)							!	Z All S	tares
[AL]	[AK]	[AZ]	[AR]	(CA)	[CO]	[CT]	[DE]	(DC)	[FL]	[GA]	(HJ)	[ID]	]
[IL]	[IN]	[IA]	(KS)	(KY)	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M	
(MT) (RI)	(NE)	[NV]	[NH] [NT]	[[[]]	(MM) (TU)	[NY] [VT]	(NC) (VA)	[ND] [WA]	(NH) (WV)	(MI) (OK)	[OR] [WY]	(PA [ PI	•
Business	or Residen	ce Address	s (Number	and Street	City, State	, Zip Code	:)						
Name of	Associated	Broker o	r Dealer	•	_								
States in	Which Per	son Listed	Has Solic	ited or Inte	nds to Soli	cii Purcha	sers				<del></del>		
			individua			······································		·····	·			All S	
[AL]	[AK] [ IN ]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	(CT) [ME)	(DE) [MD]	[DC] [MA]	(FL) (MI)	(GA) [MN)	[HI] (MS)	[ID] [MC	•
[MT]	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[NN]	[NH]	[JVIIV]	[OR]	[PA	•
[14]	(SC)	[SD]	(TN)	[TX]	[บา]	[VT]	[VA]	[WA]	[wv]	(WI)	[WY]	[PF	
Full Nam	e (Last nar	ne first, if i	individual)		<del></del>		<del>-</del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<del>.</del>	
• • •													
	• • • • • • • • • • • • • • • • • • • •												
Business		ce Address	s (Number	and Street	City, State	, Zip Code	<u>'</u> ) .						
Business		ce Address	s (Number	and Street	City, State	, Zip Code	2) .				·····		
	or Residen			and Street	City, State	, Zip Code	2)						
				and Street,	City, State	, Zip Code	:) .						
Name of	or Residen Associated	l Broker o	r Degler		City, State								
Name of States in (Check	or Residen Associated Which Per	l Broker o son Listed	r Degler	ited or Inte	ends to Soli	cit Purcha	sers					] All S	
Name of States in (Check [AL]	or Residen 'Associated Which Per to "All State [AK]	l Broker of son Listed s" or check [AZ]	r Degler Has Solic c individua [AR]	ited or Inte States) [CA]	ends to Soli	cit Purcha	sers [DE]	[DC)	[FL]	[GA]	[HI]	(ID)	)
Name of States in (Check	or Residen Associated Which Per	l Broker of son Listed s" or check	r Degler Has Solic cindividua	ited or Inte 1 States)	ends to Soli	cit Purcha	sers	(DC) (MA) (ND)	[FL] [MI] [NH]	[GA] [MN] [OK]			) )}

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1. Enter the aggregate offering price of securities included in this offering and the total amount already gold. Enter "0" if answer is "none or zero." If the transaction is an "change offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Ammunoto	Amount Almodu
Type of Security	Aggregate Offering Price	
Debt	<u> </u>	50
Equity	<u>g Q</u>	90
Common Preserved		
Convertible Securities (including warrants)	50	50
Parmership Interests	<u> </u>	0.2
Other (Specify Unit Trust Interests ("Unit")	g 16,150,000	£ 16,150,000
TOW	g 16,150,000	\$ 16,150,000
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none or zero."	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	10	<u>c 16,159,000</u>
Non-accredited Investors	0	80
Total (for filings under Rule 504 only)	0	<u>\$0</u>
Answer also in Appendix, Column 4. if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	<b></b>	Y5-17 A
Type of offering	Type of Security	Dollar Amount Sold
Rule 505	0	50
Regulation A	0.	20
Rule 504	0	50
Total	<u>0</u> .	50
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the emount of an expenditure is not known, rurnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		50
Printing and Engraving Costs		60
Legal Fees		13.000.00
Accounting Fees		\$10,000.00
Engineering Fees		50
Salos Commissions (specify finders' (ces separately)		50
Other Expenses (identify)		\$5.000,00
Total		\$28 000.00

	C. OFFERING PRICE.	<u>number of investors, exp</u>	enses and use of proc	EEDS
7	. Enter the difference between the aggregation 1 and total expenses furnished in respindinsted gross proceeds to the issuer." —	onse to Pari C - Question 4.a. This	difference is the	10,122,000
5. I:	ndicate below the amount of the adjuster sed for each of the purposes shown. If the stimate and check the box to the left of the he adjusted gross proceeds to the issuer se	I proceeds to the issuer used or per amount for any purpose is not krestimate. The total of the payments	proposed to be nown, furnish an disted must equal	
Ţ	he adjusted gross proceeds to the issuer se	t forth in response to Part C - Que	stion 4.b above.  Povments to	0
			Officers, Directors, & Affiliates	
	Saleries and fees		c s0	S
	Purchase of real estate			
	Purchase, rental or leasing and installati	on of machinery and equipment	🗆 \$ P	_ 🗆 5.0
	Construction or leasing of plant building	gs and facilities	o s O	0.0
	Acquisition of other businesses (including offering that may be used in exchange (issuer pursuant to a merger)	g the value of securities involved in or the assets or securities of anothe	this er s O	_ ps0
	Repayment of indebtedness			
	Working capital			
	Other (specify):			
				<b>□ 5</b> 0
	Column Totals			0 5 0
	Total Paymenta Listed (column totals add	ed}		
		D. FEDERAL SIGNATURE		
ollo	ssuer has duly caused this notice to be sign wing signature constitutes an undertaking b est of its staff, the information furnished by	y the issuer to furnish to the U.S. Se	curities and Exchange Commi	ssion, upon written re-
ssue	r (Print or Type)	Signature	Da	10
eni	th Partners	1.40		617102
_	of Signer (Print or Type)	Title of Signer (Print or Type	Zenith Advisors LLC	
4	ILIP CHAPMAN	Attorney-in-tack	op Zenith Partners	

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E, STATE SIGNATU	RE		_
1. Is any party described in 17 CFR 23 of such rule?	0.262 presently subject to any of the	ne disqualification provisions	Yes N	
	See Appendix, Column 5, for ste	ite response.	•	
2. The undersigned issuer hereby underta Form D (17 CFR 239.500) at such time	ikes to furnish to any state administ es as required by state lsw.	rator of any state in which this notice is fi	led, a notice o	ກ
<ol> <li>The undersigned issuer hereby underte issuer to offerees.</li> </ol>	akes to furnish to the state administr	mitors, upon written request, information f	urnished by the	E
4. The undersigned issuer represents that limited Offering Exemption (ULOE) or of this exemption has the burden of careful in the surden of carefu	f the state in which this notice is filed	litions that must be satisfied to be entitled d and understands that the issuer claiming t ve boon satisfied.	to the Uniforn he availability	m
The issuer has read this notification and kn undersigned duly authorized person.	ows the contents to be true and has	duly caused this notice to be signed on it	s behalf <b>by th</b> e	e
Issuer (Print or Type)	SIEBBY10)	Date		-
Zenith Partners	1-1/	61171c	<b>)</b>	
Name (Print or Type)	Till Printer Type	r of Zenith Advisors LLC		-

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX					
1	Intend to non-a	d to sell accredited is in State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 investor and rchased in State C-Item 2)		S Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-AccreditedInvestors	Amount	Yes	No	
AL			·							
AK										
AZ.										
AR										
CA		X	Unit	1	1,000,000	0	0		x	
со										
СТ						i.				
DE										
pc		,								
FL		X	Unit	3	7,250,000	0	0		x	
GA										
н										
ID				<u> </u>			·			
IL				, ``						
IN						,				
ĬA										
KS	ļ		·				<del></del> -			
KY										
LA		<del> </del>								
ME		**************************************	estrateMental have a second		. :					
MD										
MA			and the state of t	harter inco						
Μĭ		х	Unit	2	5,200,000	0	0		x	
MN				ļ						
2M	ļ				· · · ·					
MO							<u> </u>		]	

				AP	PENDIX					
1	Intenda	2 I to sell coredited s in State -Item )	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of amount pur	investor and rchased in State C-I(em 2)		Disqualification under State ULOE (if Yes, attach explanation of waiver granted) (Part E-Item I)		
Smte	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MT										
NE										
NV		· ·								
ИН										
IN			,							
NM		ļ								
NY		x	Unit	4	2,700,000	0	0		x	
NC		-,				100 100 11	······································			
ND						, , , , , , , , , , , , , , , , , , , ,				
ОН		ļ								
OK					<del>,</del>	, , , , , , , , , , , ,				
OR				,	, 11	a markage are to				
PA				11 10 H 101		,	N-10 3	~~~~~		
RI		<del> </del>		·	V~? · · · · · · · · · · · · · · · · · · ·					
SC							···			
SD		<u> </u>								
TN		ļ	i	·		The latter to	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
TX	 			,	<u> </u>					
ur									, ı	
VT					, , <u>,</u>		•• ••••••••••••••••••••••••••••••••••••			
VA		-	- And the particular and the control of the control		Trinskaskia sau er		·	·		
WA										
WV			· .							
Wĭ					·					
WY					-n	·	कार्यक्षका संस्थानका स्थाप	,		
PR								• •		